2004 NOT-FOR-PROFIT CORPORATION

## FILED Jan 30, 2004 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT# N93000004886 01-30-2004 90064 004 \*\*\*\*61.25 SEASIDE OF LONGBOAT CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 4473 GULF OF MEXICO DRIVE 4473 GULF OF MEXICO DRIVE **GPGUUUFF** LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing/Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAESANI-KELLEY, NEVA Street Address (P.O. Box Number is Not Acceptable) 4473 GULF OF MEXICO DR LONGBOAT KEY FL 34228 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations registered agent. (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KELLEY-PAESANI, NEVA NAME NAME 4473 GULF OF MEXICO DRIVE STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAESANI, PETER A NAME NAME 4473 GULF OF MEXICO DR STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE TESTWUIDE, THOMAS'R" NAME NAME 4477 GULF OF MEXICO DR STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE \_\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the acciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach file in the component of the corporation of the VANU NEVA KELLEY-PAESANT /-26-04 944
SIGNING OFFICER OR DIRECTOR
Davie SIGNATURE: